

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Montgomery      Examiner: Jagoe  
Serial No.: 10/056,296      Group Art Unit: 1614  
Filed: January 24, 2002      Docket No.: P1083US01  
Title: Topical Oral Care Compositions

## CERTIFICATE UNDER 37 C.F.R. 1.10:

~~'Express Mail' mailing number~~*via first class*

Date of Deposit:

The undersigned hereby certifies that this Transmittal Letter and the paper or fee, as described herein, are being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Date: *Sept. 29, 2006*

By:

*Naomi*  
Naomi Brickey

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Commissioner for Patents  
P.O. Box 1450  
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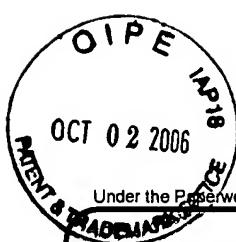
Dear Sir:

This paper is in response to the non-final office action dated March 31, 2006, setting a three month shortened statutory period for response that expires on June 30, 2006. The Applicant herewith petitions the Commissioner of Patents and Trademarks to extend the time for response to this Office Action for three (3) months from June 30, 2006 to September 30, 2006. Submitted herewith is a Fee Transmittal form for \$1020.00 to cover the cost of the extension (PTO SB/22 enclosed). Further examination and reconsideration of the present application in view of the remarks set forth herein are respectfully requested.

**Amendments**

**Listing / Amendments to the claims including status indicators begins on page 3**

**Remarks begin on page 14 of this paper.**



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 200.00)
**Complete if Known**

Application Number	10/056296
Filing Date	January 24, 2002
First Named Inventor	Montgomery
Examiner Name	Jagoe
Art Unit	1614
Attorney Docket No.	P1083US01

**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: 50-3717 Deposit Account Name: Discus Dental Impressions

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Small Entity	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
4 - 3 or HP =	1 x 200 =	200	200	200	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. 36,248 (Attorney/Agent)	Telephone 310-845-8501
Name (Print/Type)	Nancy N. Quen for Britesmile Professional Inc.		Date September 28, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.